

Foster Family Home - Corrective Action Report

Provider ID: 1-634651

Home Name: Meloni Trias, CNA

Review ID: 1-634651-5

96-137 B Waiawa Road

Reviewer:

Pearl City HI 96782

Begin Date: 3/16/2016

End Date: 5/17/16

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person recertification review [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

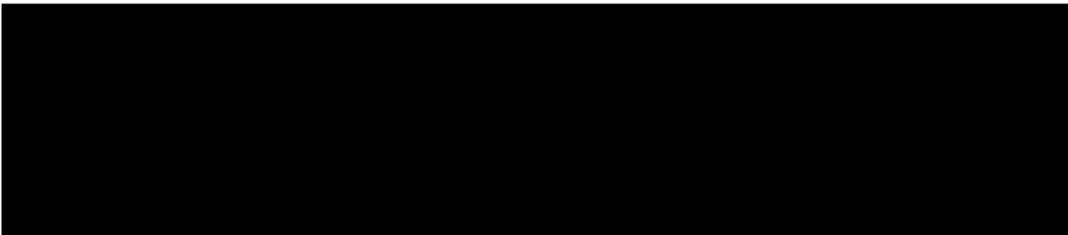
7.1.(a)(1),(2) - No first year APS/CAN/FP for HHM #1.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current BBP certification for CG #2.



7.1(a)(1).(2) – I sent CTA a current APS/CAN and fingerprints for HHM #1 [REDACTED]

41.(b)(8) – I sent CTA current BBP certificate for CG #2 [REDACTED]

I have made a list of the items with expiration dates (CPR, TB, APS/CAN) and placed
In the front of my CTA binder. I will review every month.

